



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000057529						
1. Entity Name CLAIR APPRAISALS, INC.						
Principal Place of Business 1632 SE MISTLETOE ST PORT SAINT LUCIE, FL 34983	Mailing Address 1632 SE MISTLETOE ST PORT SAINT LUCIE, FL 34983					
DO NOT WRITE IN THIS SPACE						
		 01112008 No Chg-P CR2E034 (11/05)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 20-2729754</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-2729754	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 20-2729754	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						
CLAIR, DIANE L 2174 SE HERRON AVE PORT SAINT LUCIE, FL 34952		DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
		U00000786006 01/17/08-80023-017 150.00				
10. OFFICERS AND DIRECTORS						
TITLE	D					
NAME	CLAIR, ROBERT J					
STREET ADDRESS	2174 SE HERRON AVE.					
CITY - ST - ZIP	PT ST LUCIE, FL 34952					
TITLE	D					
NAME	CLAIR, DIANE L					
STREET ADDRESS	2174 SE HERRON AVE.					
CITY - ST - ZIP	PT ST LUCIE, FL 34952					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
DO NOT WRITE IN THIS SPACE						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Diane Clair (Diane Claire) 1/1/08 (772) 879-0519</u>						